STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL035024 04/22/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET DR FRANKLIN MANOR ASSISTED LIVING CENTER YOUNGSVILLE, NC 27596 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Construction Survey by Ed Miller on April 22, 2015. This facility was first licensed or submitted for licensure as a Home for the Aged serving 54 residents, on July 9, 2013. Therefore the facility must meet the 2005 Rules for the Licensing of Adult Care Homes, and, the 2012 North Carolina State Building Code, Group I-2 Physical plant deficiencies were noted which require a plan of correction. C 111 Must Have Current San. & Fire Safety Reports C 111 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on record review, and interview with Executive Director/Maintenance Director/Manage of the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discover with annual inspections. Findings on April 22, 2015: a. Manager indicated the Annual Building Sanitation Report was not available for review. b. Manager indicated the Annual Kitchen Sanitation Report was not available for review, Manager indicated the Annual Fire Officials Report was not available for review.

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>			(X3) DATE SURVEY COMPLETED		
		HAL035024		B. WING		04/	22/2015
	PROVIDER OR SUPPLIER	D LIVING CENTEF	100 SUNS		TATE, ZIP CODE		
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C 150	Continued From pa	ge 1		C 150			
C 150	Corridors-Free of e	quipment and Obstr	uctions	C 150			
	(4) Corridors shall other obstructions.  This Rule is not med 1. Based on obse maintained in a safe clear unobstructed rooms to the outsid residents, staff and during an emergent Findings on April 22 a. The left back efour-foot table place musical event. Defi	os PHYSICAL  Ints for corridors are: be free of all equipment  et as evidenced by: rvation, the Building e manner by not ma exit path from the re e. This would affect visitors by obstructicy.	was not intaining a esident all ng egress or had a ring a fore				
C 185	Fire Safety-Rehear	sals on Each Shift		C 185			
	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishe social services ann include the date an shift, staff members description of what	09 PLAN FOR rehearsals of the fire hift in accordance w local Fire Preventior	rith the n Code  Intained artment of shall sals, the ort				

Division of Health Service Regulation

STATE FORM 6899 7DPL21 If continuation sheet 2 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING: <b>01</b>			X3) DATE SURVEY COMPLETED		
HAL035024		B. WING		04/22/2015			
NAME OF I	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	<u>,                                      </u>	
FRANKI	FRANKLIN MANOR ASSISTED LIVING CENTER 100 SUNSET DR						
			YOUNGS	/ILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
C 185	Continued From pa	ge 2		C 185			
C 180	Executive Director/I facility failed to provaccordance with thi all residents, staff a trained staff and couthere is a need to e Findings on April 22 a. Manager indicator available for rev	ord review, and interview Maintenance Director vide an environment in sequence This deficience and visitors by not have operative residents who wacuate the building. 2, 2015: ted the fire rehearsal view.	the n cy affects ing hen a log was	C 180			
C 189	Building Equipment	Maintained Safe, Op	erating	C 189			
	mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electr umbing equipment in a maintained in a safe	an adult and ting (e)				
	maintained in a safe because the fire spi impaired, exposing could allow the pass would affect all resi- fire suppression sys timely manner and Room or compartm Findings on April 22	rvation, the Building was and operating condi- rinkler escutcheon platopenings in the ceiling sage of smoke and he dents, staff and visitor stem does not operate cannot contained fire ent of origin.	tion, ttes were g that eat. This es, if the e in a in the				

6899

Division of Health Service Regulation STATE FORM

7DPL21 If continuation sheet 3 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION <b>01</b>		(X3) DATE SURVEY COMPLETED	
HAL035024		B. WING		04/2	04/22/2015		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
FRANKL	IN MANOR ASSISTE	D LIVING CENTEF 100 SUNS YOUNGS	SET DR VILLE, NC 2	7596			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
C 189	locations to include i. Beauty Shop. b. The fire sprinkl cover the complete following locations i. TV Room Close  2. Based on obse maintained in a saf because breaches fire-resistance-rate integrity. This could visitors if smoke/fire compartment of ori Findings on April 22 a. There was gap that penetrate throu ceiling assembly at include but not limit i. Data Room.  3. Based on obse maintained in a saf because the comm extinguishing syste maintenance and d a properly working residents, staff and kitchen hood's sup operate properly wh Findings on April 22 a. Per the semi-ac commercial kitcher system was last ma b. Since the semi- commercial kitcher	a the ceiling at the following but not limited to:  er escutcheon plate did not hole through the ceiling at the to include but not limited to:  et.  rvations, the Building was not e and operating condition, through the d construction invalidated its affect all residents, staff and e is not contained in Room or gin.  2, 2015:  s around a copper ground wire ugh the fire resistance rated the following locations to red to:  rvation, the Building was not e and operating condition, ercial kitchen hood's fire m lacked the inspections, ocumented required to ensure system. This could affect all visitors if the commercial pression system fails to nen needed.  2, 2015:  nnual maintenance tag, the hood's fire extinguishing aintained in June 2014.  -annual maintenance of the hood's fire extinguishing aintained in June 2014.  -annual maintenance of the hood's fire extinguishing antained has been no record	C 189				

6899

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b> (X3) DATE:  COMPI		E SURVEY PLETED		
		HAL035024	B. WING		04/	22/2015
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
FRANKL	IN MANOR ASSISTED	) I IVING CENTER	ISET DR SVILLE, NC 2	27596		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 189	4. Based on Obse maintained in a safe because, some cor devices that do not the door, preventing and latched rapidly. residents, staff and smoke and fire in the Findings on April 22 a. Corridor door to blocked open with a b. Corridor door to wedged open.  5. Based on recore Executive Director/lof the facility failed accordance with this all residents, staff a	ervation, the Building was not e and operating condition, ridor doors were held open by release with a push or pull of g the doors from being closed. This could affect all visitors by not containing he room of origin.  2, 2015:  2 the left side Med Room was a med cart,  3 the left side Med Room was a med cart,  5 the left side Med Room was a med cart,  6 the left side Med Room was a med cart,  7 the left side Med Room was a med cart,  8 the left side Med Room was a med cart,  9 the left side Med Room was a med cart,  9 the left side Med Room was a med cart,  10 the left side Med Room was a med cart,  11 the left side Med Room was a med cart,  12 the left side Med Room was a med cart,  13 the left side Med Room was a med cart,  14 the left side Med Room was a med cart,  15 the left side Med Room was a med cart,  16 the left side Med Room was a med cart,  17 the left side Med Room was a med cart,  18 the left side Med Room was a med cart,  19 the left side Med Room was a med cart,  20 the left side Med Room was a med cart,  21 the left side Med Room was a med cart,  22 the left side Med Room was a med cart,  23 the left side Med Room was a med cart,  24 the left side Med Room was a med cart,  25 the left side Med Room was a med cart,  26 the left side Med Room was a med cart,  27 the left side Med Room was a med cart,  28 the left side Med Room was a med cart,  29 the left side Med Room was a med cart,  20 the left side Med Room was a med cart,  20 the left side Med Room was a med cart,  20 the left side Med Room was a med cart,  20 the left side Med Room was a med cart,  20 the left side Med Room was a med cart,  20 the left side Med Room was a med cart,  20 the left side Med Room was a med cart,  21 the left side Med Room was a med cart,  22 the left side Med Room was a med cart,  23 the left side Med Room was a med cart,  24 the left side Med Room was a med cart,  25 the left side Med Room was a med cart,  26 the left side Med Room was a med cart,  27 the left side Med Room was a med cart,  28 the left side Me	e, S			
C 199	any systems deficie annual inspections. Findings on April 22 a. Manger indicate System Report was b. Manger indicate System Report was Exhaust Ventilation  SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list provided with exhaut wo cubic feet per in requirement does in	ency that may be discover with 2, 2015: ed the Annual Fire Alarm 5 not available for review. ed the Annual Sprinkler 6 not available for review. PHYSICAL PLANT 11 OTHER ed in this Paragraph shall be just ventilation at the rate of ninute per square foot. This not apply to facilities licensed 6, with natural ventilation in ces:	C 199			

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION <b>01</b>	(X3) DATE COMP	SURVEY LETED
HAL035024		B. WING		04/22/2015		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
FRANKL	IN MANOR ASSISTE	D LIVING CENTEF YOUNGS	SET DR /ILLE, NC 2	7596		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 199	(2) soil utility room (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the ex which shall not app  This Rule is not me 1. Based on Obse provide an environ Rule by not maintal odors are generate residents, staff and odors. Findings on April 22 a. The system ex required CFM's of v locations to include i. Left side Nurse  2. Based on Obse provide an environ Rule by not having odors are generate residents, staff and odors. Findings on April 22	toilet rooms; closets; and apply to new and existing apply to new and existing acception of Paragraph (e) ly to existing facilities.  et as evidenced by: ervation, the facility failed to ment in accordance with this ining the ventilation where d. This could affect all visitors by subjecting them to 2, 2015: haust did not remove the ventilation from the following but not limited to: e Station Toilet Room.  ervation, the facility failed to ment in accordance with this ventilation in areas where d. This could affect all visitors by subjecting them to 2, 2015: ventilation to the following but not limited to:	C 199			

Division of Health Service Regulation STATE FORM

7DPL21